Transmission of SARS-CoV-2 in various school settings TOM BECKER

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Game plan

Review a few recent MMWR and other articles that relate to SARS-CoV-2 transmission (or lack thereof), given widely different settings (grade school, college, high school boarding school, sports teams, etc)

Objectives

Cite evidence related to SARS-CoV-2 transmission in various school settings—risks, rates or prevalence, and mitigation strategies that are shown to be successful

Describe how you would study Covid safety in schools where your own children may attend, or, in schools in your community

Take home messages

- School-based transmission risk appears to vary widely world-wide, but probably depends mostly on degree of mitigation put into place
- School-based transmission of SARS-CoV-2 can probably be substantially reduced when expensive, comprehensive, consistent, and enforced strategies are put into place...even when background community rates are high
- High risk behaviors among students at any grade level are likely to lead to high transmission rates

Effective control of infection spread will require reducing risk of transmission from asymptomatic, as well as symptomatic, Covid-19 patients

Background

- Substantial news coverage on the topic of re-opening schools since pandemic began: what is 'safe' for schools re: re-opening, allowing sports, etc. ? What are the risky behaviors and environments? What do published data show from well-done studies? 3 feet vs 6 feet?
- Lab and epi data suggest that never symptomatic Covid-19 patients may be as likely as symptomatic persons to transmit SARS CoV-2 infection—a very important concern re: school openings
- Estimates of never symptomatic cases range from 0 to 50%, depending on the population and study reported

Recall from Wuhan study: Under most reasonable set of assumptions, based on meta-analysis-derived assumptions:

- 59% of all transmission is from asymptomatic persons, both categories of asymptomatic combined
- From patients who never develop symptoms: account for 24%
- From patients who eventually develop symptoms: account for 35%

Theory/ies for less severe illness in younger people that may be relevant to the opening of schools

- ACE2 receptors appear to be a docking station for SARS-CoV2
- Nasal biopsy study of 305 people aged 1-60 showed that ACE2 enzyme expression went up with increasing age
- Fewer receptors seems to track with less severe disease

Minimal transmission of SARS-CoV-2 in NJ Boarding school (MMWR, 2021)

- Boarding school with 520 on campus and 255 commuter students
- 405 faculty and staff
- Strategies included 14 day quarantine before coming to school, antigen test negative result 7-10 days before school, consistent masking, mandatory testing twice a week, increased ventilation in classrooms and dorms, distancing of 6 feet or more, contact tracing, isolation and quarantine of cases/contacts, hygiene
- All cafeteria meals take out only
- No interschool sports; no club sports allowed off campus
- Bluetooth device to assist contact tracing required

Boarding school, cntd

- Hand washing, symptom reporting (leading to testing right away)
- Signed "Best for all' agreement
- Records of 'bad acting'...'three strikes and you're out!'...so a type of enforcement with consequences
- Intramural, on campus athletics were allowed, though masking still enforced for most sports and all spectators

Boarding school results

- ► 5% or faculty/staff were positive over the short study period
- ▶ 1% of students positive (n=8)
- Only two students likely to have picked up virus on campus...the remainder had 'traced exposures' to infected persons off campus
- Conclusion: extensive measures can work, in this type of setting

sey, August 20–November 27, 2020

ARS-CoV-2 testing results	Faculty/Staff members (n = 405)	Students (n = 775)
o. of specimens tested (average per person)	8,955 (22.1)	12,494 (15.1)
o. of RT-PCR–positive tests	19*	8
pecimens tested, %	0.21	0.06
ersons receiving testing, %	4.7	1.0
o. (%) of cases linked to on-campus transmission	0 (—)	2 (25) ⁺
o. of contacts identified and quarantined	17	14
o. of contacts with positive test results	0	0

Boarding school study, limitations

Generalizability

- Enormous expense to achieve good control
- Community background assessment of prevalence was not based on similar extensive testing

Florida SARS-CoV-2 infection after schools reopened (MMWR, 2021)

- Observational study of Covid cases in K-12 school children in Florida in the fall of 2020, after reopening
- Typical case surveillance in fall of 2020—over 63,000 cases
- Reported risk factors, some associated with community incidence rates

Florida report, cntd

- Covid-19 incidence in schools was correlated with county incidence, distribution of mask-wearing mandates, and with timing of reopening (early 'adapters' at higher risk)
- Incidence increased with in-person attendance
- <1% of all students acquired SARS-CoV-2 in association with school exposures/outbreaks</p>
- 10% of all schools reported infections

Factor	Student rate*	P-value
County population size by quartile [†]		
Q1: 8,613-28,089	2,212	<0.0001
Q2: 28,090–130,642	1,430	
Q3: 130,643–368,678	1,226	
Q4: 368,679–2,830,500	970	
Opening date		
August 10–14	1,882	0.01
After August 16	1,367	
Masks mandated in district reopening plan [§]		
Yes	1,171	<0.01
No	1,667	

Limitations, Florida study

- No info on school faculty/staff and their positivity and potential for transmission to students
- No widespread testing, so asymptomatic cases missed
- Incomplete case evaluations re: sources of infection
- Uncertain locations of acquiring infections
- Limited data on school district by district for comparisons
- Most students in the larger school districts were 'late adaptors' of inperson education

Additional studies worth noting

- An un-named 'large university in Washington', experienced an alarming outbreak on campus in their longitudinal study (over 16,000 participants)....limited mostly to fraternities and sororities.
- High school football team outbreak, also related to risky behavior and environmental conditions (masking violations, poor disinfection protocol adherence in weight rooms and locker rooms, distancing violations in communal spaces)

Countless examples of school outbreaks nationwide and worldwide

Summary points

- Risky transmission behavior in high schools and colleges result in disease outbreaks—mitigation possible, however
- Some of the published data reflect low transmission risk in grade schools, middle schools, and high schools (in England), and that community background prevalence is reflected in the schools
- A very rigorous prevention strategy, including distancing, masking, frequent testing, limited contact off campus, enforced punishment for safety violations ...can reduce SARS-CoV-2 transmission among youth grades 9-12 (from NJ study)
- We still are missing RCT's to guide most of our recommendations as public health and clinical practitioners

CDC website information

- CDC has review of mitigation strategies related to in person school attendance and mitigation strategies for schools/school systems
- Pragmatic, and considers expense and other relevant factors related to in-person attendance
- See reference section link

Take home test

How would you design an actual study (not theoretical) to evaluate transmission of SARS-CoV-2 in schools near you? Which behavioral, environmental, and biological factors would you consider to be important?

References

"SARS-CoV-2 epidemiology on a public university campus in Washington State," Weil et al. Preprint available at medRxiv. https://www.medrxiv.org/content/10.1101/2021.03.15.21253227v1

Minimal SARS-CoV-2 transmission after implementation of a comprehensive mitigation strategy at a school—New Jersey, August 20– November 27, 2020," Volpp et al MMWR. http://dx.doi.org/10.15585/mmwr.mm7011a2

"Notes from the field: SARS-CoV-2 transmission associated with high school football team members—Florida, September–October 2020," Siegel et al. MMWR. <u>http://dx.doi.org/10.15585/mmwr.mm7011a3</u>

"SARS-CoV-2 infection and transmission in primary schools in England in June–December, 2020 (sKIDs): an active, prospective surveillance study," Landhani et al. Lancet. <u>https://www.thelancet.com/journals/lanchi/article/PIIS2352-</u> <u>4642(21)00061-4/fulltext</u>

Refs, cntd

"Operational strategy for K-12 schools through phased prevention," <u>https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html</u>